

State of Louisiana
Office of Financial Institutions
Baton Rouge, Louisiana
www.ofi.louisiana.gov

REPOSSESSION AGENT/APPRENTICE APPLICATION INSTRUCTIONS

A Repossession Agent Application must be submitted for each person who meets the definition of a Repossession Agent.

LAC 10:XV.1301 defines Repossession Agent as follows: *"an individual who physically obtains possession of collateral for a secured party and engages in business or accepts employment to locate or recover collateral registered under the provisions of the Louisiana Vehicle Certificate of Title Law, R.S. 32:701 et seq, which has been sold under a security agreement or used as security in a loan transaction. Included in this definition are secured creditors' employees who repossess collateral pursuant to the "Additional Default Remedies Act."*

LAC 10:XV.1303.E.3 states" *"No repossession agency shall sponsor more than one apprentice for every two licensed repossession agents at any one time."*

ATTACHMENTS:

- ☐ **FEES:**
\$400 application fee
\$45.25 fingerprint processing fee
- ☐ **APPLICATION:**
Complete application signed by an authorized company representative and notarized
- ☐ **AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES FORM:**
This form must be completed and signed by each Repossession Agent/apprentice applicant, and notarized. Information contained in this document is kept confidential.
- ☐ **FINGERPRINT CARDS:**
Include 2 copies
- ☐ Louisiana State Police Criminal Identification and Information Form. Louisiana State Police will not process incomplete forms. Incomplete forms will be returned. (Form included with application.)
- ☐ **PROOF OF EMPLOYMENT:**
Submit evidence of 2 years experience as a repossession agent or apprentice within the previous three years as per LAC 10:XV. 1303(D)(d). Each year of experience shall consist of at least 1,000 hours of actual compensated work performed by the applicant with a repossession agency preceding the filing of an application. An applicant shall substantiate the claimed hours of qualifying experience by providing an IRS form W-2 and the exact details as to the character and nature of duties by written certifications from the employer as per LAC 10:XV. 1303(F).
- ☐ **PROOF OF BEING A CERTIFIED RECOVERY SPECIALIST:**
Submit proof of designation as a certified recovery specialist from a recognized national certification program as per LAC 10:XV.1303(C)(1)(f). (Listed on last page of application).

REPOSSESSION AGENT/APPRENTICE APPLICATION

1. Complete Name of Applicant: _____

Phone Number: Business (____) _____ Fax (____) _____

2. (a) Name of Employer : _____

(b) Municipal Address of Main Office: _____

3. Submit your work experience and residential address. (See attachment RA-1)

4. Submit a W-2 statement verifying employment as a Repossession Agent or Apprentice for two within the previous three years.

5. Type of License:

☐ Repossession Agent

☐ Apprentice

EMPLOYER CERTIFICATION

(Must be completed by the authorized employer representative)

I hereby affirm or attest that _____

is a/an ☐ owner ☐ W-2 employee of (Company Name) _____ and
will be acting on the company's behalf as a Repossession Agent/Apprentice. I also affirm that he/she works **ONLY** engages
in repossession activities for this company. I further affirm that he/she is covered under the company's surety bond.

Signed this _____ day of _____, 20_____.

(Signature of authorized Company Representative)

(Print Name and Title)

* * * * *

STATE OF _____

PARISH OR COUNTY OF _____

Before me, the undersigned authority, personally came and appeared (Name) _____
who, first being duly sworn, declared under oath that he/she is the (Title) _____ of
(Company Name) _____ and that all statements and representations made in the
foregoing registration are true and correct to the best of his/her knowledge and belief.

Sworn to and subscribed before me on this _____ day of _____, 20_____,
at _____, _____
(City) (State)

(Signature of Notary Public)

(Print name of Notary Public)

Affix Seal

CONFIDENTIAL

AUTHORITY TO OBTAIN INFORMATION FROM OUTSIDE SOURCES

| | |
|---|---|
| Name: | Social Security #: |
| | Drivers License #: (Attach legible copies) |
| Home Address, City, State, Zip Code: | |
| Date of Birth: | Home Telephone No: |
| Read the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Include names, dates, court name and address, case number, judgment amounts. | |
| Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to a felony, including any which may have been expunged, set aside or for which you received a first offense pardon? | () Yes, attach explanation () No |
| Have you ever been convicted of, plead guilty to, or entered a plea of Nolo Contendere (no contest) to any misdemeanor involving theft, fraud, or dishonesty, including any which may have been expunged, set aside or which you received a first offense pardon? | () Yes, attach explanation () No |
| Have you been refused a license or permit to do business under the provisions of a similar law or subject to any enforcement proceedings by any State or Federal government agency involving the revocation or suspension of any business license or permit, fines or penalties? | () Yes, attach explanation () No |
| Have you been discharged for cause or been requested to resign from any employment position? | () Yes, attach explanation () No |
| Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding? | () Yes, attach explanation () No |
| Are there any civil proceedings pending against you or civil judgments entered against you which involve fraud or dishonesty? | () Yes, attach explanation () No |
| Have any civil judgments been entered against you during the past 10 years? | () Yes, attach explanation () No |
| I hereby authorize the licensing authority, to make inquiries from any financial institution, credit bureau, current and former employers, law enforcement agency and any other person or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, education background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination for the purpose of determining my financial responsibility, character and fitness in connection with any renewal or application for a license or registration. I affirm that I have executed this form of my own free will and have read and understand the items and instructions; my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. FALSE OR MATERIALLY INCOMPLETE ANSWERS ARE GROUNDS FOR DENIAL OR REVOCATION. | |
| I hereby certify that the information on this form is, to the best of my knowledge, complete and accurate. | |
| <div style="text-align: right;">_____</div> <div style="text-align: right;">Signature</div> | |
| SUBSCRIBED BEFORE ME ON THIS _____ day of _____, 20 _____. | |
| AT: _____, _____ (CITY) (STATE or COMMONWEALTH) | |
| PRINT NAME OF NOTARY PUBLIC: | SIGNATURE OF NOTARY PUBLIC: |

**Louisiana State Police
Bureau of Criminal Identification and Information
Baton Rouge, Louisiana**

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

******PLEASE PRINT******

Louisiana Office of Financial Institutions

FACILITY OR AGENCY

Robert F. Brian

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

P.O. Box 94095

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Baton Rouge, Louisiana 70804

CITY

STATE

ZIP CODE

(225) 925-4660

FACILITY OR AGENCY PHONE NUMBER

Request For: (pick one only)

- ☐ ADULT DAY CARE
- ☐ ADULT RESIDENTIAL
- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ AMBULANCE SERVICE
- ☐ CASA
- ☐ CONCEALED HANDGUNS
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DEPARTMENT OF LABOR
- ☐ DEPARTMENT OF PUBLIC SAFETY
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ GAMING
- ☐ HOME HEALTH AGENCY
- ☐ HOSPICE
- ☐ IMMIGRATION
- ☐ INTERMEDIATE CARE FACILITY FOR MENTALLY RETARDED
- ☐ JUVENILE DETENTION CENTER
- ☐ DEPARTMENT OF INSURANCE
- ☐ MANUFACTURED HOUSING

- ☐ MEDICAL EXAMINERS
- ☐ NURSING HOME
- ☐ OCS FOSTER/ADOPTIVE
- ☐ OCS PERSONNEL
- ☒ **OFFICE OF FINANCIAL INSTITUTIONS**
- ☐ OFFICE OF PUBLIC HEALTH
- ☐ PHARMACY BOARD
- ☐ POSTSECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ PUBLIC TAG AGENT
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SENATE AND GOVERNMENTAL AFFAIRS
- ☐ TAXI DRIVERS
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VOLUNTEERS WORKING WITH CHILDREN

APPLICANTS FULL NAME:

****PRINT – USE INK****

LAST

FIRST

MIDDLE

{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # ___ - ___ - ____

DATE OF BIRTH: __ / __ / __

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

TYPE OF OFI LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

Attachment C

NAME: _____

COMPANY: _____

EMPLOYMENT/EXPERIENCE HISTORY FOR THE LAST 10 YEARS

Each sole proprietor, officer, director, partner, member, manager and 10% or greater equity owner of applicant must fill out this form. You may submit your own resume' as long as it includes the information listed below. **Include Month and Year. Include a complete 10 years.** Explain any gaps in work history.
(Attach additional sheets, if necessary).

[illegible]

Attachment D

NAME: _____

COMPANY: _____

RESIDENTIAL ADDRESSES FOR THE LAST 10 YRS

Each sole proprietor, officer, director, partner, member, manager and each 10% or greater equity owner of applicant **must** fill out this form. **Include Month and Year. Include a complete 10 years.** Explain any gaps in residential history. *(Attach additional sheets, if necessary)*

[illegible]

LOUISIANA OFFICE OF FINANCIAL INSTITUTIONS
8660 United Plaza Boulevard, 2nd Fl.
Baton Rouge, LA 70809
(225) 925-4660

FINGERPRINT CARD INFORMATION

Act 236 of the 2006 Regular Session of the Louisiana Legislature amended LSA-R.S. 6:121.2 effective June 2, 2006. This section authorizes the Commissioner of Financial Institutions to request and obtain state and national criminal history record information on any person applying for any license with the Office of Financial Institutions, as well as require any applicant for any license to submit two full sets of fingerprints in a form or manner prescribed by the Commissioner as a condition of the Commissioner's consideration of their application.

WHO MUST SUBMIT FINGERPRINT CARDS

- 1) **Owner(s):** Sole Proprietors; partners and general partners, if partnership; trustees; members and general members, if an LLC; and 10% or greater equity owners.
- 2) **Director(s):** All directors.
- 3) **Officer(s):** Chief Executive Officer, Chief Operating Officer, Chief Financial Officer, President, Executive Vice President(s), Corporate Secretary, Treasurer, or individuals of similar status or function.
- 4) **Repossession Agents:** Includes Qualifying Agent and any Agents or Apprentices that are applying for a license.

WHAT MUST BE SUBMITTED

- 1) Two original Form FD 258 fingerprint cards, or equivalent, which can be obtained from your local law enforcement office. The form on these cards must be **completely** filled out. Louisiana State Police will not process incomplete cards. Incomplete cards will be returned.
- 2) \$45.25 nonrefundable criminal background processing fee made payable to the Office of Financial Institutions. (This fee is in addition to the application fee.)
- 3) Completed Authority to Obtain Information from Outside Sources form, signed and notarized (included in application package).
- 4) Completed Louisiana State Police Bureau of Criminal Identification and Information Form, signed and notarized (included in application package). Louisiana State Police will not process incomplete forms. Incomplete forms will be returned.

IMPORTANT NOTICE

Applicants submitting fingerprint cards that are smudged or unreadable will be required to resubmit new cards. This will add to the processing time of the application.

Certified Recovery Specialist Designation

§1303. Licensing Requirements and Qualifications

D. Repossession Agent

1. To obtain a license as a repossession agent the applicant shall meet the following requirements:
 - e. have received a designation as a certified recovery specialist from a recognized national certification program.

Any one of the following certification programs will be accepted.

- 1) 2 day workshop taught by Michael Howk through R.S.I.G. insurance - contact Michael Howk at 1-800-997-7224 for more information.
- 2) Certified Asset Recovery Specialist Certificate through the Matrix Educational system (you call them, they send you a book, you call them back when you are ready to take the test and they arrange a proctor).
Call 1-866-996-7472
- 3) Certified Collateral Recovery Specialist through the Society of Certified Recovery Specialists (you call them, they send a booklet and the test, you send back a check and the test) (you must have 3 years of experience in order to take this test). Call them at 1-800-331-5518.